HERCULES HOISTS LTD.

Name of the ABP :	ELEQUIP TOOLS PRIVATE LIMITED		
Date of site visit:	Job #:		
Customer's Name			
Contact Person:	Designation:		
Email Id:	Contact No:		
Installation Address			
Product Type:	Model No.:		
QR Code:	Serial No.:		
Safe Working Load (SWL)	Height of Lift (HOL)		
Material Lifted:		Remark	
		Yes	No
Is site is ready for installation			
Whether Profile is as per the GA / Ordered Hoist/Trolley			
Whether Beam Size is as per the ordered Hoist /Trolley			
Whether Beam bottom flange width is suitable for the Trolley/hoist			
Whether Beam bottom flange Thickness is suitable for the Trolley/hoist			
Informed customer regarding the safe handling of the hoist /Trolley			
Power Supply T Section / Bus Bar / Festoon is available?			
Whether any safe access to the Hoist /Trolley is avaiable ?			
Whether site is hazardous /Non-hazardous?			
Whether runway beam is clear ?			
Is load is avaiable at site for load testing ?			
Is Hydra/Mobile crane is accessible to the installation area?			
Is there any spacial permission required to enter into the installation area?			
Any Compliance required for the gate pass?			
Any COVID -19 protocol / guidelines ?			
Pre installation & Commissioning: We confirm that Our technician visited the site and understand the situation where the hoist is going to be installed and informed teh customer accordingly .			
Tentative date of readiness of site if not ready?			
Customer's Section:			
Are satisfied with the service offered to you so far. YES [ ] NO [ ]			
Please rate the service on a scale of 1 to 5 where 1 is least satisfied and 5 is most satisfied. [ ]			
Comments (Please mention any opportunity for improvement) :			

For Seller: -	For Customer: -
ABP Name:	Name
Technician:	Designation
Signature	Seal & Signature
Date	Date

ELEQUIP TOOLS PVT. LTD. KOLKATA